

**Hutchison + Mason PLLC****Correspondence Address:**  
P.O. Box 31744  
Raleigh, North Carolina 27612**Street Address:**  
3110 Edwards Mill Road, Suite 100  
Raleigh, North Carolina 27612**Telephone:** (919) 829-9600  
**Facsimile:** (919) 829-4332**Fax****April 4, 2005**

<b>To:</b>	<b>USPTO</b>	<b>From:</b>	<b>Joshua T. Elliott</b>
<b>Company:</b>		<b>Fax:</b>	<b>+1.919.829.4332</b>
<b>Fax:</b>	<b>703 872 9306</b>	<b>Direct Phone:</b>	<b>+1.919.829.4339</b>
<b>Phone:</b>		<b>Our Ref.:</b>	<b>CMED.10023</b>
<b>Your Ref.:</b>	<b>09/919,877</b>	<b>No. Pages:</b>	<b>32 (incl. this page)</b>

**Comments:**

I hereby certify that this correspondence is being transmitted to the United States Patent and Trademark Office facsimile number 703 872 9306 on this the 4th day of April 2005.

**Documents enclosed:**

Transmittal (in duplicate)	2 pages
Petition for Extension of Time (in duplicate)	2 pages
Fee Transmittal (in duplicate)	2 pages
Amendment	21 pages
Terminal Disclaimer US Patent 6,620,846	1 page
Terminal Disclaimer US Patent 6,605,667	1 page
Copy of previously filed Statement under 37 C.F.R. 3.73(b)	2 pages

Joshua T. Elliott

(Typed Name of Person Signing Certificate)



(Signature of Person Signing Certificate)

Date of Signing: April 4, 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

31

Application Number

09/919,877

Filing Date

August 2, 2001

First Named Inventor

Jerry Y. JONN

Art Unit

1616

Examiner Name

Frank I. Choi

Attorney Docket Number

CMED.10023

**ENCLOSURES (Check all that apply)**

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/  
Incomplete ApplicationReply to Missing Parts  
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a  
Provisional Application

Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD

After Allowance Communication to TC

Appeal Communication to Board  
of Appeals and InterferencesAppeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify  
below):**Remarks**

The Director is hereby authorized to charge any appropriate fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 60-3218. This paper is submitted in duplicate.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Hutchison &amp; Mason PLLC

Signature

*Joshua T. Elliott*

Printed name

Joshua T. Elliott

Date

April 4, 2005

Reg. No.

43,603

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

*Joshua T. Elliott*

Typed or printed name

Joshua T. Elliott

Date

April 4, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

31

Application Number

09/819,577

Filing Date

August 2, 2001

First Named Inventor

Jerry Y. JONN

Art Unit

1616

Examiner Name

Frank I. Choi

Attorney Docket Number

CMED.10023

**ENCLOSURES (Check all that apply)**

Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)

Reply to Missing Parts/  
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under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



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Petition to Convert to a  
Provisional Application

Power of Attorney, Revocation



Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD

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(Appeal Notice, Brief, Reply Brief)

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Status Letter

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**260.00****Complete if Known**

Application Number	09/919,877
Filing Date	August 2, 2001
First Named Inventor	Jerry Y. JONN et.al
Examiner Name	Frank I. Choi
Art Unit	1616
Attorney Docket No.	CMED.10023

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 50-3218 Deposit Account Name: Hutchison & Mason PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
0 - 20 or HP = 0	x	50 =	0	0		0
HP = highest number of total claims paid for, if greater than 20						

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
0 - 3 or HP = 0	x	200 =	0
HP = highest number of independent claims paid for, if greater than 3			

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimer x2

**Fees Paid (\$)**  
260.00**SUBMITTED BY**

Signature	<i>Joshua T. Elliott</i>	Registration No. 43,603 (Attorney/Agent)	Telephone +1.919.829.9600
Name (Print/Type)	Joshua T. Elliott		Date April 4, 2005

This collection of information is required by 37 CFR 1.139. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$)**260.00****Complete if Known**

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Examiner Name	Frank I. Choi
Art Unit	1616
Attorney Docket No.	CMED.10023

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☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-3218 Deposit Account Name: Mulchison & Mason PLLC

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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
0 - 20 or HP =	0	x 50 =	0			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
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HP = highest number of independent claims paid for, if greater than 3						

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